

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10599356**

Filing Date

Applicant(s) **Frank Larsen**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1		1					51					
2			1				52					
3			1				53					
4			1				54					
5			1				55					
6			1				56					
7			1				57					
8			1				58					
9			1				59					
10			1				60					
11			1				61					
12			1				62					
13			1				63					
14			1				64					
15			1				65					
16			1				66					
17			1				67					
18			1				68					
19		1					69					
20			1				70					
21			1				71					
22			1				72					
23		1					73					
24		1					74					
25		1					75					
26			1				76					
27			1				77					
28			1				78					
29			1				79					
30							80					
31							81					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep:	0		4		0							
Total Depend:	0	←	25	←	0	←						
Total Claims:	0	██████	29	██████	0	██████						